MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-030731

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51							
2			1			1	52							
3	2		2		2		53							
4			1			1	54							
5	1		1			1	55							
6	1		1			1	56							
7	1		1			1	57							
8			1			1	58							
9	1		1			1	59							
10	1		1			1	60							
11	1		1			1	61							
12	1		1			1	62							
13	1		1			1	63							
14	1		1			1	64							
15	1		1			1	65							
16	1		1			1	66							
17	1		1			1	67							
18		1				2	68							
19					1		69							
20							70							
21							71							
22							72							
23							73							
24							74							
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26							76							
27							77							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47	1						97							
48	1						98							
49							99							
50							100							
TOTAL IND.	1				2		TOTAL IND.							
TOTAL DEP.			17		19		TOTAL DEP.							
TOTAL CLAIMS			18		21		TOTAL CLAIMS							

-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS